

Part 1: Local Educational Agency Information	
Full Legal Name of Local Educational Agency	Name of LEA Executive Director (Public Charter Schools Only)
The Next Step Public Charter School	Julie Meyer
Full Address of Local Educational Agency	Email Address of LEA Executive Director (Public Charter Schools Only)
3047 15th Street, NW	[dlie@nextsteppcs.org
Main Telephone Number of Local Educational Agency	Telephone Number of LEA Executive Director (Public Charter Schools Only)
202 234 0000	202-319-0434
Name of Primary LEA Contact for Consolidated Application Programs	Name of Additional LEA Contact for Consolidated Application Programs
Julie Meyer	Yvotte Bennett
Position Title of Primary LEA Contact for Consolidated Application Programs	Position Title of Additional LEA Contact for Consolidated Application Programs
Executive Director	Director of Finance and Operations
Email Address of Primary LEA Contact for Consolidated Application Programs	Email Address of Additional LEA Contact for Consolidated Application Programs
julie@naxtsteppcs.org	weite@nextsleppcs.org
Telephone Number of Primary LEA Contact for Consolidated Application Programs	Telephone Number of Additional LEA Contact for Consolidated Application Programs
202 319 0434	202-319 2277
Part 2: LEA Certification of Assurances	
Consolidated Application. By signing below, the Applicant certifies that it has  Name of Individual Certifying Phase I Application (Board Chairperson or Chancellor only)  Eduardo Ferrer	Signature of Individual Certifying Phase I Application
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only)	Date of Certification (input at the time of signature)
Chairperson of the Board of Directors	6/26/12
Part 3: Addition	nal LEA Certification
The Phase II application must be returned to the Office of the State Superintendent in accordance with the established deadlines. The Superintendent will allow a minimum of 90 days for completion. By signing below, the Applicant certifies that it will submit an approvable Phase II application in accordance with the deadlines or risk the denial of funding under this Phase I application.	
Name of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) bduardo ferrer	Signature of Individual Certifying Phase Application
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Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only)	Date of Certification (inpyt at the time of signature)
Chairperson of the Board of Directors	6/26/12
SUBMIT BOTH A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK AND A SIGNED, SCANNED OF THIS PAGE BY EMAIL TO CON APPODE, GOV.	
OSSE Use Only	
Date Assurances Received:	
Date Assurances Complete (first first for objection)	